

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Application Number	10/814,593
				Filing Date	March 30, 2004
				First Named Inventor	ANDREAS, BERNARD
				Art Unit	3731
				Examiner Name	ELIZABETH HOUSTON
Sheet	1	of	1	Attorney Docket Number	021629-002500US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	1	5,035,706	07-30-1991	Cook Inc.	
	2	6,425,898	07-30-2002	Wilson et al.	

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
	3	DE	1 963 0469	01-29-1998	Betzler Michael Prof Dr Med	English Abstract Only	<input type="checkbox"/>
	4	JP	03-133446	06-06-1991	Cook Inc.	English Abstract Only	<input type="checkbox"/>
	5	JP	10-295823	11-10-1998	Advanced Cardiovascular System	English Abstract Only	<input type="checkbox"/>
	6	JP	10-503663	04-07-1998	Scimed Life Systems Inc	English Abstract Only	<input type="checkbox"/>
	7	JP	2001-190687	07-17-2001	Kawasumi Lab Inc	English Abstract Only	<input type="checkbox"/>
	8	WO	95/29647	11-09-1995	Scimed Life Systems Inc		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
					<input type="checkbox"/>

Examiner Signature		Date Considered	
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.